In 2003 and 2004, the General Assembly issued Budget Items 329-G and 330-F respectively. These budget items directed the Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS) to continue the committee with the same budget language related to improving access to services for children and their families across disabilities and requires DMHMRSAS to report the plan to the Chairmen of the Senate Finance and House Appropriations Committees by June 30th of each year.

The 2006 report builds on the 2005 report by outlining a ten-year plan for developing children's behavioral health services in Virginia organized around three goals with strategies, activities, and measures. The goals are:

- Healthy, strong, resilient, stable families as evidenced by children, who live in a safe home, attend school, make educational progress and are involved in positive peer activities and have their needs for healthy development met in their homes and communities.

- Equitable access to services without regard to racial/ethnic status, socioeconomic status, and geographic location as evidenced by all children having health insurance, mental health and substance abuse services that are covered under private insurance, and children and families who have access to behavioral health services and supports when they need them.

- Children are provided with humane, least-restrictive and effective services that support healthy child development, as evidenced by children's needs that are accurately assessed, children's needs that are matched to appropriate treatment interventions and levels of care, and family and child preferences and strengths that are driving forces in treatment planning. Additionally, clinicians and treatment programs utilize evidence-based, promising and best practices.

Ten Year Strategic Plan for Children's Behavioral Health			
Goals	**Steps or Strategies**	**Interventions/Activities**	**Measures/Targets**
1. Healthy, strong, resilient, stable families as evidenced by children who: ♦ Live in a safe, nurturing home ♦ Attend school ♦ Make educational progress ♦ Are involved in positive peer activities ♦ Can have their needs for healthy development met in their homes and communities	1. Create local or regional systems of care by: A.1. Build the capacity of the children's behavioral health system	1. A.1.a. Create a $6 million fund to provide incentive grants to start up new behavioral health services, particularly mid-level services such as: ♦ Wrap-around ♦ Day treatment ♦ After-school behavioral health programs ♦ Intensive outpatient programs ♦ Crisis intervention programs ♦ Respite care ♦ In-home family therapy ♦ Intensive case management ♦ Mobile crisis teams ♦ Drop-in centers for teens ♦ Outpatient co-occurring disorders clinics ♦ Residential treatment for youth with both mental health and substance abuse disorders ♦ Residential treatment for children with both mental retardation and mental health disorders	1. A.1.a.1. There will be a proportional increase in utilization of middle intensity behavioral health services and decrease in the use of high level services 1. A.1.a.2. There will be a decrease in days children spend in out-of-home placements 1. A.1.a.3. There will be a decrease in days children spend in out-of-community placements
		1. A.1.b. Increase funding for mid-level services in the Medicaid state plan 1. A.1.c. Add adolescent substance abuse services to the Medicaid state plan and request $5.5 million in funding 1. A.1.d. **Conduct a study of what would be required for DMAS to suspend rather than end Medicaid benefits when a youth is placed in detention**	
		1. A.1.e. **Provide mental health services in all eight remaining juvenile detention centers without them @ $1.2 million** **Funding in the budget for picking up the federal share for the five federal DJJ/MH sites. Development of a process for $900,000 for remaining 9 detention centers.**	1. A.1.e.1. There will be fewer admissions to detention centers for youth with primary MH and SA problems 1. A.1.e.2. There will be decreased recidivism to detention centers for youth with primary MH and SA problems
		1. A.1.f. Fully fund early intervention services for at-risk children, including Part C and identification of and services for substance-exposed infants **Medicaid and Substance Abuse Services for children and adults once Medicaid has amended the state plan.**	

Ten Year Strategic Plan for Children's Behavioral Health			
Goals	**Steps or Strategies**	**Interventions/Activities**	**Measures/Targets**
		1. A.1.g. **Authorize the Office of Comprehensive Services to use CSA funds flexibly to help start up new services and programs**	
	1. A.2. Build the workforce of the children's behavioral health system	**1. A.2.a.** Fund four child psychiatry fellowship and two child psychology internship slots @ $438,000 with payback provisions to work in underserved areas in Virginia **Funding for four child psychiatry fellowships and four child psychology internships to work in underserved areas in Virginia - $493,000**	1. A.2.a.1. There will be an increase in practicing child psychiatrists in Virginia 1. A.2.a.2. There will be an increase in practicing child psychologists in Virginia
		1. A.2.b.1. **Establish a university-based teaching center to organize, coordinate and lead the training of clinicians in evidence-based, promising and best practices for children's behavioral health treatment across the Commonwealth @ $300,000** 1. A.2.b.2. **Fund regional trainings in evidence-based children's behavioral health services for behavioral health clinicians @ $200,000**	
		1. A.2.b.3. **Fund regional trainings in children's behavioral health services for pediatricians and family practitioners @ $200,000**	1. A.2.b.3. 100 pediatricians and family practitioners will receive training in children's behavioral health through the efforts of the university-based teaching center
		1. A.2.b.4. **Establish best practice competency standards** 1. A.2.b.5. Provide local and regional trainings in how to do wraparound services	
	1.A.3. Service agencies communicate and collaborate to meet those needs	1. A.3.a. Provide reimbursement for care coordination and interagency communication between providers **1. A.3.b. Allow public-private partnerships to jointly apply for state funds**	

Ten Year Strategic Plan for Children's Behavioral Health			
Goals	**Steps or Strategies**	**Interventions/Activities**	**Measures/Targets**
		1. A.3.c. DMHMRSAS will develop criteria to identify local Centers of Excellence in systems of care 1. A.3.d. Fund mentorship/training from local Centers of Excellence to similar communities	1. A.3.c. The DMHMRSAS will identify two Centers of Excellence that have developed systems of care
		1. A.3.e. Utilize one lead case manager/care coordinator per family 1. A.3.f. Co-locate providers and agencies and align infrastructure to support collaboration	
	1.A.4. Services can be accessed through any door	1. A.4.a. Develop and implement a single intake instrument for families with core information for use by DMHMRSAS, DSS, DJJ, VDH, DOE, and OCS 1. A.4.b. Evaluate and make recommendations regarding the possible development and implementation of a uniform management information system for use by DMHMRSAS, DSS, DJJ, VDH, DOE, and OCS 1. A.4.c. **Fund a web-based acute psychiatric bed reporting system @ $75,000** **$25,000 for real time reporting system for public and private acute psychiatric beds in the Commonwealth.**	
	1.B. Maximize the use of EPSDT screenings	1. B.1. Provide regional trainings and technical assistance on EPSDT to pediatricians, family practitioners, case managers, and other service providers	1. B.1.a. There will be an increase in the number of children receiving EPSDT screenings 1. B.1.b. There will be an increase in the number of services authorized by EPSDT screenings
	1.C. DMHMRSAS, DOE and VDH will collaborate to develop and implement strategies to keep children with behavioral health problems in school rather than suspend or expel them.	1. C.1. **Provide school-based mental health clinicians in 20 middle schools in five regions @ $1.8 million**	1. C.1.a. There will be a decrease in the number of school suspensions of children with primary MH and SA problems 1. C.1.b. There will be a decrease in the number of school expulsions of children with primary MH and SA problems

Ten Year Strategic Plan for Children's Behavioral Health			
Goals	**Steps or Strategies**	**Interventions/Activities**	**Measures/Targets**
			1. C.1.c. There will be a decrease in the school drop out rate for children with primary MH and SA problems from schools 1. C.1.d. There will be an increase in the number of children with behavioral interventions in their IEPs and 504 plans
		1. C.2. Fund bullying prevention programs in schools 1. C.3. Promote alternative education strategies and programs for children with behavioral health problems 1. C.4. Expand care connection centers to include children's behavioral health	
		1. D.1. DSS will eliminate the practice of placing children in DSS custody solely so that they may access behavioral health services **Conference budget bill – develop new guidelines for MHI funding. Funding for mental health services for children and adolescents with SED and related disorders which through the Department to CSBs shall be allocated with priority placed on serving those children who are at risk for custody relinquishment.** 1. D.2. FAPT teams will be required to serve all children at risk of out of home placement for behavioral health problems	
		1. E.1. Fund pilots for Nurse Home Visitation (ref. David Olds) programs for at-risk pregnant women 1. E.2. Fund pilots for Child-Parent Centers in preschools and elementary schools in high-risk neighborhoods	
	1.D. DMHMRSAS, DSS, OCS and VDH will collaborate to develop and implement strategies to prevent children from being placed in DSS custody solely to access behavioral health services		1. D.1. No child will be placed in DSS custody solely to access and receive behavioral health services 1. D.2. The number of children served by CSA who are not in DSS custody will increase

Ten Year Strategic Plan for Children's Behavioral Health			
Goals	**Steps or Strategies**	**Interventions/Activities**	**Measures/Targets**
	1.E. DMHMRSAS, DSS, OCS, VDH and DOE will collaborate on new child abuse prevention efforts		1. E.1.a. The numbers of children alleged to be abused or neglected will decrease 1. E.1.b. The numbers of children substantiated as abused or neglected will decrease
		1. E.3. Evaluate the outcomes of the existing child abuse and neglect prevention programs in Virginia and compare them with the outcomes of evidence-based programs	1. E.3. Initiatives that do not demonstrate reductions of child abuse and neglect will be replaced with evidence-based and promising programs
2. Equitable access to services without regard to racial/ethnic status, socioeconomic status, and geographic location as evidenced by:			
A. All children have health insurance	2.A. Examine the current health insurance model in Virginia and other states to determine the best approaches to increase the number of children with health insurance	2. A.1. Increase the eligibility level for the FAMIS mother's program to 200% of poverty 2. A.2. Examine the Massachusetts model for providing health insurance to all children to determine if it can be replicated in Virginia	2. A.1. There will be an increase in the number of children enrolled in FAMIS
		2. A.3. Promote legislation that provides health insurance for all of Virginia's children	2. A.3. Increase the percentage of children with health insurance
2.B. Mental health and substance abuse parity in insurance	2.B. Expand the number of private insurers who offer mental health and substance abuse parity	2.B. Educate private insurers regarding the cost offsets and positive economic impact of insurance coverage for mental health and substance abuse	2.B. Increase the number of health insurance programs in Virginia that offer parity for mental health and substance abuse
2.C. Children and families have access to behavioral health services and supports when they need them	2. C.1. Enact the original intent of the Comprehensive Services Act to serve at-risk children with behavioral health problems using a system of care approach	2. C.1.a. Require FAPT teams to serve all children at risk of out of home placement for behavioral health problems 2. C.1.b. The Office of Comprehensive Services will eliminate the distinction between mandated and non-mandated children	2. C.1.a. There will be an increase in the number of communities that have strong systems of care to meet the behavioral health needs of children and families

Ten Year Strategic Plan for Children's Behavioral Health			
Goals	**Steps or Strategies**	**Interventions/Activities**	**Measures/Targets**
	2. C.2. Provide a public safety net for the mental health, substance abuse and mental retardation needs of children and their families	2. C.2.a. Provide public and private agencies that subscribe to SOC principles @ $6/ million in additional funding as to start up new behavioral health services as described in 1.A.1.a.	2. C.2.a.1. Families and children with behavioral health emergencies will receive services immediately
			2. C.2.a.2. Families and children in urgent crises will receive services within 24 hours of initial contact 2. C.2.a.3. All families and children in need of behavioral health services will receive them within two weeks of initial contact
		2.C.2.b. Fund system of care pilot projects in 50% of Virginia communities over a 10 year period (**Fund four new pilot projects @ $500,000 each in FY 2008**) 2.C.2.c. Fund a designated child and adolescent service provider for mental health, mental retardation, and substance abuse services in each CSB	
		2.C.2.d. **Conduct rate studies for Medicaid behavioral health services, particularly for:** ♦ **Outpatient psychiatric care** ♦ **Primary care physicians who provide behavioral health services** ♦ **Acute inpatient hospitalization** ♦ **Day treatment services** ♦ **Intensive in-home family services**	
	2.C.3. Strengthen family-professional partnerships to improve access to services	2. C.3.a. **Expand funding for a statewide family education, information and support network @ $500,000 to provide families with information about services available to their children, link families with support systems, and educate the public about the needs of children with behavioral health problems**	

Ten Year Strategic Plan for Children's Behavioral Health			
Goals	**Steps or Strategies**	**Interventions/Activities**	**Measures/Targets**
		2.C.3.b. Expand and sustain membership of families and youth on local, regional and state boards, councils and committees that make decisions about children's behavioral health services, thereby ensuring authentic involvement of families in policy development that impacts service development in the Commonwealth	2. C.3.b. There will be an increased number of family and youth memberships on local, regional and state boards, councils and committees that make decisions about behavioral health services for children and families
3. Children are provided with humane, least-restrictive, and effective services that support healthy child development as evidenced by: ♦ Children's needs are accurately assessed	3.A.1. Develop and distribute standards for uniform screening and comprehensive assessment for children ages 0-21	3. A.1.a. Identify a uniform screening tool to match children in need of behavioral health services to the appropriate levels and types of treatment 3. A.1.b. Identify uniform assessment tools for behavioral health clinicians that support appropriate treatment interventions that are strengths-based, utilize evidence-based and promising practices, and accurately assess children's needs and required levels of care	
♦ Children's needs are matched to appropriate treatment interventions and levels of care ♦ Family and child preferences and strengths are driving forces treatment planning ♦ Clinicians and treatment programs utilize evidence-based, promising, and best practices			
	3.A.2. Provide training in the standards for uniform screening and comprehensive assessment	3. A.2. Fund statewide trainings on uniform assessment tools@ $600,000	
	3.A.3. Implement screening tools that match children's needs and strengths to appropriate treatments and levels of care		

Ten Year Strategic Plan for Children's Behavioral Health			
Goals	**Steps or Strategies**	**Interventions/Activities**	**Measures/Targets**
	3.A.4. Implement comprehensive assessments that are behavioral, functional and strengths-based and accurately assess all areas of the child's and family's needs including home, school, and community	3. A.4.a. Implement uniform assessment tools statewide @ $500,000	3. A.4.a.1. There will be an increase in the use of uniform assessment tools that accurately assess children's needs and strengths and required levels of care
			3. A.4.a.2. All CSBs will implement uniform assessment tools for evaluating children's needs, strengths and required levels of care
		3. A.4.b. Place the selected uniform assessment tools in the statewide, shared Management Information System referenced in 1.A.4.b	
	3.A.5. Comprehensive assessments will reflect family and child preferences 3.A.6. Comprehensive assessments will include community-based recommendations for the least restrictive, most normative environment that is clinically appropriate		
	3.B.1. DMHMRSAS, the Commission on Youth (COY), DOE, OCS, DSS and VDH will promote the use of evidence-based and promising practices	3. B.1.a. Update the COY website on evidence-based practices annually with assistance from partner agencies 3.B.1.b. Disseminate information about what is new in evidence-based treatments to CSBs annually 3.B.1.c. Expand the COY website to include promising practices 3. B.1.d. Provide technical assistance in evidence-based practices by doing on-site visits to each CSB annually	3. B.1.a. There will be an increase in the number of Virginians who visit the Commission on Youth website annually
		3. B.1.e. Establish a fund in the OCFS in DMHMRSAS to offset costs of licensure, training and supervision in evidence-based practices	3. B.1.e. Each CSB will implement one new evidence-based practice

Ten Year Strategic Plan for Children's Behavioral Health			
Goals	**Steps or Strategies**	**Interventions/Activities**	**Measures/Targets**
	3.B.2. Train clinicians on evidence-based treatment models	3. B.2. Hold alternating annual conferences on systems of care and evidence- based practices in the treatment of children with mental health, mental retardation and substance abuse problems	3. B.2.a. There will be a decrease in days children spend in out-of-home placement 3. B.2.b. There will be a decrease in days children spend in out-of-community placements
			3. B.2.c. There will be a decrease in admissions to detention centers for youth with primary mental health and substance abuse problems
	3.C. Develop and implement uniform statewide performance measures and an evaluation/ monitoring process for children's behavioral health services	3. C.1. Fund the development and annual project management costs of a data management system for children's behavioral health outcomes @ $500,000	
		3. C.2. Require all entities receiving funding for children's behavioral health services to collect and report data elements and outcome measures specific to children's behavioral health services in their contracts	3. C.2. Entities receiving funding for children's behavioral health services will be in full compliance with federal and state requirements
		3. C.3. Outcome data will be reported to DMHMRSAS quarterly 3. C.4. Build in the selected outcome measures into the statewide MIS referenced in 1.A.4.b	

Recommendations for FY 2008 are in bold